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IN THE UNITED STATES PATENT & TRADEMARK OFFICE

IN RE APPLICATION OF :

THOMAS M. WALKER, ET AL. : EXAMINER: LE, MIRANDA

SERIAL NO: 10/736,621 :

FILED: DECEMBER 17, 2003 : GROUP ART UNIT: 2167

FOR: PATIENT ENCOUNTER :
ELECTRONIC MEDICAL RECORD
SYSTEM, METHOD, AND COMPUTER
PRODUCT

APPEAL BRIEF

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

SIR:

This is an appeal of the Rejection of Claims 1-43 in the Official Action of March 12, 2007. A Notice of Appeal was timely filed on August 13, 2007.

I. REAL PARTY IN INTEREST

The real party in interest in this appeal is the inventors, Dr. Thomas M. Walker and Dr. Mark Madden (hereinafter Applicants).

II. RELATED APPEALS AND INTERFERENCES

Applicants' legal representative is aware of no appeals or interferences, which are believed to directly affect, be directly affected by, or have a bearing on the Board's decision in this appeal.

III. STATUS OF THE CLAIMS

Claims 1-43 are presently active in this case. Claims 1-43 have been twice rejected and form the basis for this appeal. The attached Appendix I includes a clean copy of Claims 1-43.

IV. STATUS OF THE AMENDMENTS

No Amendment was filed subsequent to the final rejection mailed on March 12, 2007.

V. SUMMARY OF THE CLAIMED SUBJECT MATTER

A concise explanation of the inventions defined in the independent claims is now provided.

The present invention relates to systems, methods, and computer products for clinical information capture and management. The present invention also relates to systems and processes by which electronic medical records may be created and modified in the clinical environment of a patient encounter.[1]

Independent Claim 1 recites a patient encounter electronic medical record apparatus. The patient encounter electronic medical record apparatus includes a processor (Fig. 10, 1203), an interface (Fig. 10, 1211, 1212) configured to receive data input by a physician (e.g., selecting an appropriate diagnosis – page 13, lines 8-10) and an output interface (Fig. 10, 1210) coupled to the processor (Fig. 10, 1203). The patient encounter electronic medical record apparatus also includes a memory (Fig. 10, 1204) and a plurality of diagnosis specific pre-populated templates (e.g., Fig. 12A; page 22, lines 4-28) stored in the memory (Fig. 10, 1204) and accessible by the processor (Fig. 10, 1203). The default entries in the diagnosis specific pre-populated templates can be changed to alternate values by the physician (page

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[1] See Specification, at page 1, lines 9-12.

13, lines 10-16). The default entries are associated with a pre-determined diagnosis (page 13,

lines 5-13).

The interface is configured to receive an input of a diagnosis (e.g., a medial meniscus

tear acute of the knee; Fig. 12A) entered by the physician (page 13, lines 8-10), and, in

response to the entered diagnosis, the interface is configured to output one or a plurality of

the diagnosis specific pre-populated templates that correspond with the diagnosis entered by

the physician (page 13, lines 10-13).

The processor is configured to produce an electronic medical record from the output

of the diagnosis specific pre-populated templates (page 13, lines 16-21).

The diagnosis specific pre-populated templates are configured to enable the physician

to perform the diagnosis in at least one of an office setting, a surgery setting, an analgesics

setting, and a therapy setting (page 7, lines 7-11).

Independent Claim 14 recites a patient encounter electronic medical record apparatus.

The patient encounter electronic medical record apparatus includes a processor (Fig. 10,

1203) and inputting means (e.g., page 10, lines 29-32; page 11, lines 7-11; page 18, lines 12-

16; Fig. 5, 502, 518; Fig. 10, 1211, 1212) for receiving data input by a physician and

outputting means (e.g., page 10, lines 29-32; page 11, lines 7-11; page 18, lines 9-11; Fig. 5,

502, 518; Fig. 10, 1210) for outputting data. The inputting means and the outputting means

are coupled to the processor (page 10, line 29 to page 11, line 11; page 18, lines 9-18). The

patient encounter electronic medical record apparatus also includes memory means (e.g.,

page 18, line 19 to page 19, line 5) for storing data and a plurality of diagnosis specific pre-

populated template means (e.g., page 22, line 4 to page 24, line 3; Fig. 12A; Fig. 12B; Fig.

12C; Fig. 12D; Fig. 12E; and Fig. 12F) for structuring data stored in the memory means and

accessible by the processor means. Default entries in the diagnosis specific pre-populated

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template means are changeable to alternate values by the physician (page 13, lines 10-16).

The default entries are associated with a predetermined diagnosis (page 13, lines 5-13).

The inputting means is configured to receive an input of a diagnosis entered by the

physician (page 13, lines 8-10), and, in response to the entered diagnosis, the inputting means

is configured to output one or a plurality of the diagnosis specific pre-populated template

means that correspond with the diagnosis entered by the physician (page 13, lines 10-13).

The processor produces an electronic medical record from the output of the diagnosis

specific pre-populated template means (page 13, lines 16-21).

The diagnosis specific pre-populated template means is configured to enable the

physician to perform the diagnosis in at least one of an office setting, a surgery setting, an

analgesics setting, and a therapy setting (page 7, lines 7-11).

Independent Claim 27 recites a patient encounter electronic medical record computer

product including components essentially similar to those discussed above with respect to

Claim 1. Thus, the subject matter recited in Claim 27 is supported by the portions of the

specification cited above with respect to Claim 1 in addition to Figure 10 and page 17, line 9

to page 21, line 13.

Independent Claim 40 includes similar features as Claim 1 recited as "method" steps.

Specifically, Claim 40 recites a method for recording a patient encounter electronic medical

record, including holding a plurality of diagnosis specific pre-populated templates with

default entries in a memory accessible by a processor (page 13, lines 4-21; page 18, lines 19-

28).

The method further includes making a diagnosis by a physician and entering the

diagnosis made by the physician into the processor (page 13, lines 1-10). After the step of

entering the diagnosis, the method for recording a patient encounter electronic medical record

recited in independent Claim 40 includes retrieving a subset of the plurality of diagnosis

specific pre-populated templates that correspond with the diagnosis made by the physician (page 13, lines 8-16).

The method further includes verifying the default entries and changing as necessary the default entries in the subset of the diagnosis specific pre-populated templates by a physician input (page 13, lines 10-16). After the verifying step, Claim 40 further recites producing an electronic medical record from the subset of diagnosis specific pre-populated templates and entries associated therewith (page 13, lines 16-21). The diagnosis specific pre-populated templates are configured to enable the physician to perform the diagnosis in at least one of an office setting, a surgery setting, an analgesics setting, and a therapy setting (page 7, lines 7-11).

VI. GROUNDS OF REJECTION TO BE REVIEWED ON APPEAL

The first ground to be considered on appeal is whether Claims 1-8, 11, 13-21, 24, 26-34, 37, and 39-43 are unpatentable over Segal (U.S. Patent No. 6,754,655) in view of Levy (U.S. Patent No. 7,076,437) under 35 U.S.C. § 103(a).

The second ground to be considered on appeal is whether Claims 9, 12, 22, 25, 35, and 38 are unpatentable over Segal in view of Levy, and further in view Fey et al. (U.S. Publication No. 2003/0187688, hereinafter Fey) under 35 U.S.C. § 103(a).

The third ground to be considered on appeal is whether Claims 10, 23, and 26 are unpatentable over Segal in view of Levy, and further in view Pressly (U.S. Publication No. 2002/0065854) under 35 U.S.C. § 103(a).

VII. ARGUMENT

First Issue

The March 12, 2007 Official Action rejects Claims 1-8, 11, 13-21, 24, 26-34, 37, and

39-43 as unpatentable over Segal in view of Levy under 35 U.S.C. § 103(a). The Official

Action contends that Segal discloses all of Applicants' claim limitations, with the exception

of the claimed:

> ...said interface is configured to receive an input of a diagnosis
> entered by said physician, and, in response to the entered diagnosis, the
> interface is configured to output one or a plurality of said diagnosis
> specific pre-populated templates that correspond with the diagnosis
> entered by the physician,

> ...said diagnosis specific pre-populated templates being configured
> to enable said physician to perform said diagnosis in at least one of an
> office setting, a surgery setting, an analgesics setting, and a therapy
> setting.

To make up for the acknowledged deficiencies of Segal, the Official Action relies

upon Table 6 of Levy as disclosing these detailed aspects of Applicants' invention and states

that "[i]t would have been obvious to one of ordinary skill in the art having the teaching of

Segal and Levy at the time the invention was made to modify the system of Segal to include

the limitations as taught by Levy."[2] The motivation provided was that one of ordinary skill in

the art would want to evaluate chest pain in an office setting. Applicants respectfully traverse

the rejection.

Applicants submit that there is insufficient evidence of a motivation to modify the

Segal system by incorporating Levy's interface, for the reasons that follow.

The outstanding Office Action takes the position that Table 6 of Levy, titled

"Physicians evaluating chest pain in office setting," equates to the claimed "said interface is

configured to receive an input of a diagnosis entered by said physician."[3] The outstanding

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[2] See outstanding Office Action at page 4, lines 11-13.
[3] See outstanding Office Action at page 4, lines 2-4.

Office Action states that the proposed modification would have been obvious and that "one of ordinary skill in the art would be motivated to make this combination in order to evaluate chest pain in office setting in view of Levy..."[4]

Segal describes a system for diagnosing medical conditions including neurological syndromes and other disorders. Segal states that its system already achieves the goal of "[aiding] a clinician in the diagnosis of a particular disorder."[5] Segal also states that its system can be used to diagnose "Trisomy 21 (Down syndrome), fetal alcohol syndrome, epilepsy, diabetes, and any other disease or condition."[6] Segal additionally describes patient symptoms including headaches and seizures.[7] From the descriptions in Segal of addressing symptoms of headaches and seizures, and any other disease or condition, Applicants assert that Segal inherently discloses treating chest pains in the physician's office. Thus, since Segal inherently includes physicians evaluating chest pain in an office setting, a person of ordinary skill in the art would not be motivated to combine the teachings of Segal with the ability to "evaluate chest pain in [an] office setting" as advanced in the Official Action.

Segal and Levy, therefore, do not provide the motivation to perform the proposed modification of the system described in Segal. Thus, the record fails to support the proposed modification of Segal.

Additionally, Applicants respectfully submit that, even assuming the combination of Segal and Levy is proper, the combination does not disclose or suggest every feature recited in the independent claims.

Applicants' Claim 1 recites, *inter alia*, a patient encounter electronic medical record apparatus, including:

> ...a plurality of diagnosis specific pre-populated templates stored
> in said memory and accessible by said processor, default entries in said

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[4] See outstanding Office Action at page 4, lines 11-18.
[5] See Segal, for example, at column 4, line 66 to column 5, line 2.
[6] See Segal, at column 5, lines 43-54.
[7] See Segal, at column 6, lines 25-28.

> diagnosis specific pre-populated templates being changeable to alternate
> values by said physician, said default entries being associated with a pre-
> determined diagnosis, wherein
>
> said interface is configured to receive an input of a diagnosis
> entered by said physician, and, in response to the entered diagnosis, the
> interface is configured to output one or a plurality of said diagnosis
> specific pre-populated templates that correspond with the diagnosis
> entered by the physician...

Segal describes a system for diagnosing medical conditions based upon findings which the physician has entered into the medical diagnosis system. Initially, a candidate set of medical conditions is loaded onto the system described in Segal.[8] Thus, the candidate set of medical conditions are *identified by the system* and loaded from a data file, and *are not entered by a user*.[9] Then, the system in Segal determines, for each medical condition listed, a probably estimate based on the presence or absence of one or more findings that a specific medical condition is the correct diagnosis.[10] A list of findings is then provided along with the effect of the finding on a particular diagnosis.[11] Thus, a user is provided with a display of findings and an indication of which findings are most likely to lead to a change in probability estimates for selected medical conditions in order to assist a user in reaching a correct diagnosis. A user can then enter particular findings for a patient into the system to develop a justification for why a medical condition should be selected as a diagnosis.[12]

From all of the above, Segal describes a method and a system in which *findings are first entered* into the system in order to narrow down a list of candidate medical conditions to lead a system user to a particular diagnosis. Thus, to diagnose a patient with an acute medial meniscus tear using the system described in Segal, a user would first have to enter a number of findings (such as the location of the pain, whether a pop or snap was noted, whether there

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[8] See Segal, at column 5, lines 46-49 and Figure 2.
[9] See Segal, at column 5, lines 46-49 and Figure 2, box 32.
[10] See Segal, at column 5, lines 54-67 and Figure 2.
[11] See Segal, at column 6, lines 18-54 and Figure 2.
[12] See Segal, at column 10, line 45 to column 11, line 28.

is an swelling, etc.) before a diagnosis (such as an acute medial meniscus tear) would be produced by the system.

In contrast, as recited by the claims at issue, the plurality of diagnosis specific pre-populated templates are generated in response to the *diagnosis entered by the physician*. Thus, unlike the system described in <u>Segal</u>, in the present invention, *findings are not entered* into the claimed patient encounter electronic medical record apparatus in order to generate the diagnosis specific pre-populated templates. As a result, a user saves time and effort in producing electronic medical records.[13]

Likewise, <u>Levy</u> does not remedy the deficiencies discussed above, as <u>Levy</u> describes a process in which a user enters an initial list of symptoms, and from the entered symptoms a list containing a disease or categories of disease is generated based on algorithms using statistical probabilities for diagnosis.[14] Thus, neither the patient nor physician enters a diagnosis. In the claims at issue, a diagnosis is entered, and, *in response to the entered diagnosis*, a diagnosis specific pre-populated template is output.

The March 12, 2007 Official Action, on page 4, asserts that Table 6 of <u>Levy</u> equates to the claimed interface that "is configured to receive an input of a diagnosis entered by said physician, and, in response to the entered diagnosis, the interface is configured to output one or a plurality of said diagnosis specific pre-populated templates that correspond with the diagnosis entered by the physician." However, Table 6 of <u>Levy</u> merely describes the probability that different physicians will refer a patient with chest pain to have cardiac catheterization performed.[15] Thus, Table 6 of <u>Levy</u> is a probability table used to evaluate the variability of the diagnosis of different practitioners (such as an internist or family practitioner) and *is not generated in response to an entered diagnosis*. In sum, even if the

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[13] See Specification, at page 12, line 29 to page 13, line 3.
[14] See <u>Levy</u>, at column 6, lines 46-64 with corresponding Figure 6.
[15] See <u>Levy</u>, at column 11, lines 25-39.

teachings of <u>Levy</u> and <u>Segal</u> were combined, the resultant combination would fall short of the invention set forth in each independent claim of the present application.

The July 7, 2007 Advisory Action states that "the user of Levy entered symptoms in order to generate a diagnosis, therefore, symptoms of Levy equates to 'input of a diagnosis' of the claim limitations." However, as discussed above, the claims at issue state that the diagnosis specific pre-populated templates are only output *in response to the entered diagnosis*. As conceded in the Advisory Action, <u>Levy</u> describes that symptoms must be entered in order to *generate* a diagnosis. Thus, the statement that the "symptoms of Levy equates to 'input of a diagnosis' of the claim limitations" is clearly inconsistent with the teachings of <u>Levy</u>.

Additionally, it is respectfully submitted that neither <u>Segal</u> nor <u>Levy</u> disclose the "default entries in said diagnosis specific pre-populated templates *being changeable to alternate values by said physician*," as recited in the claims at issue.

<u>Segal</u> describes that entering findings into the system will alter the probability estimates.[16] However, <u>Segal</u> does not disclose or suggest that a user can alter the list of findings that are the default entries for each set of candidate medical conditions.

Regarding <u>Levy</u>, it is respectfully submitted that <u>Levy</u> does not disclose or suggest that a user can alter the default decision trees that are presented in response to the user's input.

Therefore, neither <u>Segal</u>, nor <u>Levy</u>, alone, or in combination, disclose, or suggest, all of the features of Applicants' claims. Consequently, Applicants respectfully submit that the rejection of Claims 1-8, 11, 13-21, 24, 26-34, 37, and 39-43, as being unpatentable over <u>Segal</u> in view of <u>Levy</u> under 35 U.S.C. §103(a), is clearly in error and should be reversed.

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[16] See <u>Segal</u>, at column 6, lines 34-42.

Second Issue

The March 12, 2007 Official Action rejects Claims 9, 12, 22, 25, 35, and 38 as unpatentable over Segal in view of Levy, and further in view of Fey under 35 U.S.C. § 103(a). The Official Action contends that Segal and Levy disclose all of Applicants' claim limitations, with the exception of "input interface is configured to convert voice input into text via a speech recognition mechanism" and "distributed computing environment comprises at least one of a payment system and an audit system." However, the Official Action cites Fey as disclosing these more detailed aspects of Applicants' invention and states that it would have been obvious to one skilled in the art at the time the invention was made to combine the cited references for arriving at Applicants' claims. Applicants respectfully traverse this rejection.

As neither Segal, nor Levy, alone, or in combination, disclose all of the features of Applicants' claims, and as Fey does not remedy the deficiencies discussed above, Applicants respectfully submit that a *prima facie* case of obviousness has not been presented, and, therefore, the rejection is clearly in error and should be reversed.

Third Issue

The March 12, 2007 Official Action rejects Claims 10, 23, and 36 as unpatentable over Segal in view of Levy, and further in view of Pressly under 35 U.S.C. § 103(a). The Official Action contends that Segal and Levy disclose all of Applicants' claim limitations, with the exception of "input interface is configured to receive data of at least one of a digital image input, a digital x-ray input, and a wireless device input." However, the Official Action cites Pressly as disclosing this more detailed aspect of Applicants' invention and states that it would have been obvious to one skilled in the art at the time the invention was made to

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combine the cited references for arriving at Applicants' claims. Applicants respectfully

traverse this rejection.

As neither <u>Segal</u>, nor <u>Levy</u>, alone, or in combination, disclose all of the features of

Applicants' claims, and as <u>Pressly</u> does not remedy the deficiency discussed above,

Applicants respectfully submit that a *prima facie* case of obviousness has not been presented,

and, therefore, the rejection is clearly in error and should be reversed.

IX. CONCLUSION

It is believed to be clear that the outstanding rejection of March 12, 2007 fails to

consider and/or identify all of the elements of pending claims 1-43 under 35 U.S.C. § 103(a)

with respect to the rejections of the claims. Therefore, a reversal of the Examiner's decision

is respectfully requested.

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Bradley D. Lytle
Attorney of Record
Registration No. 40,073

Customer Number

22850

Tel: (703) 413-3000
Fax: (703) 413 -2220
(OSMMN 06/04)

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APPENDIX I

CLAIMS ON APPEAL

Claim 1: A patient encounter electronic medical record apparatus comprising:

a processor;

an interface configured to receive data input by a physician and an output interface coupled to said processor;

a memory; and

a plurality of diagnosis specific pre-populated templates stored in said memory and accessible by said processor, default entries in said diagnosis specific pre-populated templates being changeable to alternate values by said physician, said default entries being associated with a pre-determined diagnosis, wherein

said interface is configured to receive an input of a diagnosis entered by said physician, and, in response to the entered diagnosis, the interface is configured to output one or a plurality of said diagnosis specific pre-populated templates that correspond with the diagnosis entered by the physician,

said processor is configured to produce an electronic medical record from said output of said diagnosis specific pre-populated templates, and

said diagnosis specific pre-populated templates being configured to enable said physician to perform said diagnosis in at least one of an office setting, a surgery setting, an analgesics setting, and a therapy setting.

Claim 2: The apparatus of claim 1, wherein:

said interface includes a graphical user interface, and

said output interface includes a graphical user interface.

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Claim 3: The apparatus of claim 1, wherein said diagnosis specific pre-populated templates include at least one of specialty-specific templates and primary care templates.

Claim 4: The apparatus of claim 1, wherein said processor is a component of a distributed computing system.

Claim 5: The apparatus of claim 1, wherein said plurality of diagnosis specific pre-populated templates are configured for at least one of a drilldown logic and a rollup logic.

Claim 6: The apparatus of claim 1, wherein said plurality of diagnosis specific pre-populated templates include graphics modulated schematics.

Claim 7: The apparatus of claim 1, wherein said diagnosis specific pre-populated templates are derived from at least one of a selective specialty specific database and an anatomic specific database.

Claim 8: The apparatus of claim 1, wherein said diagnosis specific pre-populated templates are end-user modifiable.

Claim 9: The apparatus of claim 1, wherein said interface is configured to convert voice input into text via a speech recognition mechanism.

Claim 10: The apparatus of claim 1, wherein said interface is configured to receive data of at least one of a digital image input, a digital x-ray input, and a wireless device input.

Claim 11: The apparatus of claim 1, wherein said plurality of diagnosis specific pre-populated templates are configured for at least one of E/M documentation, x-rays, diagnostic studies, prescriptions, and reports.

Claim 12: The apparatus of claim 4, wherein said distributed computing environment comprises at least one of a payment system and an audit system.

Claim 13: The apparatus of claim 4, wherein said distributed computing environment comprises at least one of a Wide Area Network, a Local Area Network, and a Wireless Network.

Claim 14: A patient encounter electronic medical record apparatus comprising:

a processor;

inputting means for receiving data input by a physician and outputting means for outputting data, said inputting means and said outputting means coupled to said processor;

memory means for storing data; and

a plurality of diagnosis specific pre-populated template means for structuring data stored in said memory means and accessible by said processor means, default entries in said diagnosis specific pre-populated template means being changeable to alternate values by said physician, said default entries being associated with a predetermined diagnosis; wherein

said inputting means is configured to receive an input of a diagnosis entered by said physician, and, in response to the entered diagnosis, the inputting means is configured to output one or a plurality of said diagnosis specific pre-populated template means that correspond with the diagnosis entered by the physician,

said processor produces an electronic medical record from said output of said

diagnosis specific pre-populated template means, and

said diagnosis specific pre-populated template means being configured to enable said

physician to perform said diagnosis in at least one of an office setting, a surgery setting, an

analgesics setting, and a therapy setting.

Claim 15: The apparatus of claim 14, wherein:

said inputting means includes a graphical interface; and

said outputting means includes a graphical interface.

Claim 16: The apparatus of claim 14, wherein said diagnosis specific pre-populated

template means includes at least one of specialty-specific templates and primary care

templates.

Claim 17: The apparatus of claim 14, wherein said processing means is a component

of a distributed computing means.

Claim 18: The apparatus of claim 14, wherein said plurality of diagnosis specific pre-

populated template means are configured for at least one of a drilldown logic and a rollup

logic.

Claim 19: The apparatus of claim 14, wherein said plurality of diagnosis specific pre-

populated template means includes graphics modulated schematic means.

Claim 20: The apparatus of claim 14, wherein said diagnosis specific pre-populated template means are derived from at least one of a selective specialty specific database and an anatomic specific database.

Claim 21: The apparatus of claim 14, wherein said diagnosis specific pre-populated template means is end-user modifiable.

Claim 22: The apparatus of claim 14, wherein said inputting means is configured for receiving voice input and means for converting speech into text.

Claim 23: The apparatus of claim 14, wherein said inputting means is configured for receiving at least one of a digital image, a digital x-ray input, and data from a wireless device.

Claim 24: The apparatus of claim 14, wherein said plurality of diagnosis specific pre-populated template means are configured for receiving at least one data from E/M documentation, an x-ray record, a diagnostic study, a prescription, and report.

Claim 25: The apparatus of claim 17, wherein said processor comprises at least one of a means for making a payment and a means for conducting an audit.

Claim 26: The apparatus of claim 17, wherein said processor is a component of at least one of a Wide Area Network, a Local Area Network, and a Wireless Network.

Claim 27: A patient encounter electronic medical record computer product comprising:

a processor;

an interface configured to receive data input by a physician and an output interface coupled to said processor;

a memory configured to hold computer-readable instructions; and

a plurality of diagnosis specific pre-populated templates stored in said memory and accessible by said processor, default entries in said diagnosis specific pre-populated templates being changeable to alternate values by said physician, said default entries being associated with a predetermined diagnosis, wherein

said interface is configured to receive an input of a diagnosis entered by said physician, and, in response to the entered diagnosis, the interface is configured to output one or a plurality of said diagnosis specific pre-populated templates that correspond with the diagnosis entered by the physician,

and wherein said processor is configured to produce an electronic medical record from said output of said diagnosis specific pre-populated templates,

said diagnosis specific pre-populated templates being configured to enable said physician to perform said diagnosis in at least one of an office setting, a surgery setting, an analgesics setting, and a therapy setting.

Claim 28: The computer product of claim 27, wherein:

said interface includes a graphical user interface; and

said output interface includes a graphical user interface.

Claim 29: The computer product of claim 27, wherein said diagnosis specific pre-populated templates include at least one of specialty-specific templates and primary care templates.

Claim 30: The computer product of claim 27, wherein said processor is a component of a distributed computing system.

Claim 31: The computer product of claim 27, wherein said plurality of diagnosis specific pre-populated templates are configured for at least one of a drilldown logic and a rollup logic.

Claim 32: The computer product of claim 27, wherein said at least one of a plurality of diagnosis specific pre-populated templates comprises graphics modulated schematics.

Claim 33: The computer product of claim 27, wherein said diagnosis specific pre-populated templates are derived from at least one of a selective specialty specific database and an anatomic specific database.

Claim 34: The computer product of claim 27, wherein said diagnosis specific pre-populated templates are end-user modifiable.

Claim 35: The computer product of claim 27, wherein said interface is configured to convert voice into text via a speech recognition mechanism.

Claim 36: The computer product of claim 27, wherein said interface is configured to receive data of at least one of a digital image, a digital x-ray, and a wireless device.

Claim 37: The computer product of claim 27, wherein said plurality of diagnosis specific pre-populated templates are configured to include data from at least one of E/M documentation, x-rays, diagnostic studies, prescriptions, and reports.

Claim 38: The computer product of claim 30, wherein said distributed computing system comprises at least one of a payment system and an audit system.

Claim 39: The computer product of claim 30, wherein said distributed computing system comprises at least one of a Wide Area Network, a Local Area Network, and a Wireless Network.

Claim 40: A method for recording a patient encounter electronic medical record, comprising the steps of:

holding a plurality of diagnosis specific pre-populated templates with default entries in a memory accessible by a processor;

making a diagnosis by a physician;

entering the diagnosis made by the physician into the processor;

retrieving a subset of the plurality of diagnosis specific pre-populated templates that correspond with the diagnosis made by the physician, said retrieving step being performed after said step of entering the diagnosis;

verifying said default entries and changing as necessary said default entries in said subset of the diagnosis specific pre-populated templates by a physician input; and

producing an electronic medical record from said subset of diagnosis specific pre-populated templates and entries associated therewith, after said verifying step, wherein

said diagnosis specific pre-populated templates being configured to enable said

physician to perform said diagnosis in at least one of an office setting, a surgery setting, an

analgesics setting, and a therapy setting.

Claim 41: The method of claim 40, wherein said retrieving step includes at least one

of a drilldown processing step and a rollup processing step.

Claim 42: The method of claim 40, wherein said diagnosis specific pre-populated

templates include at least one of specialty-specific templates and primary care templates.

Claim 43: The method of claim 40, further comprising:

deriving said diagnosis specific pre-populated templates from at least one of a

selective specialty specific database and an anatomic specific database.

APPENDIX II

<u>EVIDENCE</u>

(NONE)

APPENDIX III

RELATED PROCEEDINGS

(NONE)